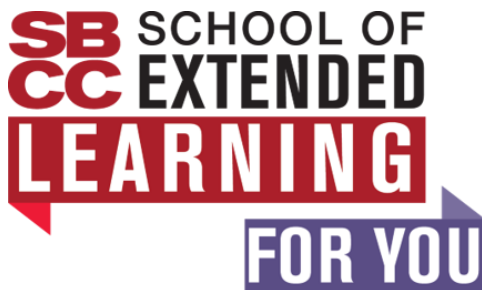


Please allow fourteen  
(14) business days for  
processing this request.



## NC Admissions & Records

### DIPLOMA / CERTIFICATE REPLACEMENT REQUEST

SBCC Identification also known as the K Number

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| K |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|

Date of Birth

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Printed Student Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Type:

☐ AHS Diploma   ☐ Certificate of Achievement   ☐ Skills Competency Award   ☐ PCA   ☐ MA

Program(s) of Study (ESL, Green Gardener, etc.): \_\_\_\_\_

Year Awarded: \_\_\_\_\_ ☐ Fall   ☐ Spring   ☐ Summer

☐ I want to pick up my copy in person at the Wake Welcome Center (300 N. Turnpike Road)

☐ I want to pick up my copy in person at the Schott Welcome Center (310 N. Padre Street)

☐ I want my copy mailed to me at the address below (Please print carefully for accuracy.)

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Submitting This Form:

- (1) You must bring a photo ID if you submit this completed form in person at either the Wake Welcome Center or the Schott Welcome Center.
- (2) You must attach a copy of your photo ID if you email the form to: [selrecords@sbcc.edu](mailto:selrecords@sbcc.edu).

OFFICE USE ONLY:

Date Printed: \_\_\_\_\_ Processed By: \_\_\_\_\_

Revised 8/13/26